



Committee Name Committee to Elect Tim Crawford		Office Sought Summit County Council		District 7
Street Address 4109 S CLEVE-MASS RD		City NORTON	State OH	Zip 44203
Candidate Name OR PAC Registration Number TIM CRAWFORD		Treasurer Name TIM CRAWFORD		Election Date (MM/DD/YYYY)

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year 2018

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	118.88
2. Total monetary contributions (From Forms 31-A and 31-E)	0
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	118.88
5. Total monetary expenditures (From Forms 31-B and 31-F)	118.88
6. Balance on hand (line 4 minus line 5)	0
7. Value of in-kind contributions received (From Form 31-J-1)	0
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	17000.00
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2019 JAN 28 PM 4:07

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

A 2735

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Tim Crawford
Signature of Treasurer or Deputy Treasurer

1-26-19
Date (MM/DD/YYYY)

Contribution Pages
→ 0 ←

Expenditure Pages
1

Other Pages
2

Total Pages
3



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Committee To Elect Tim Crawford</i>			
To Whom Paid <i>Barberton Salvation Army</i>		Date (MM/DD/YYYY) <i>12-22-18</i>	Amount <i>118.⁸⁸</i>
Street Address <i>560 Wooster Rd W</i>		Purpose <i>Contribution Christmas</i>	
City <i>Barberton</i>	State OH	Zip Code <i>44203</i>	Check Number <i>1148</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ *\$ 118.⁸⁸*



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee <i>Committee To Elect Tim Crawford</i>					
From Whom Received <i>Tim Crawford</i>				Prior Amount <i>\$17,000⁰⁰</i>	Amt. Incurred this Period <i>- 0 -</i>
Street Address <i>4109 S. Cleve - Mass Rd</i>				Outstanding Balance <i>\$17,000⁰⁰</i>	
City <i>Norton</i>	State <i>OH</i>	Zip Code <i>44203</i>	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) <i>10-15-2000</i>		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address				Outstanding Balance	
City	State	Zip Code	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ *\$17,000⁰⁰*

Total Received This Period \$ *- 0 -* (also record on Form 31-A-2)

Total Payments Received this Period \$ *- 0 -* (also record on Form 31-B)

Total Outstanding Balance \$ *\$17,000⁰⁰* (also record on Form 30-A)